
1 Who Must Pay Estimated Tax

Every proprietorship required to file a Business Profits and/or Business Enterprise Tax return must also make estimated tax payments, for each individual tax, for its subsequent taxable period; unless the annual estimated tax for the subsequent taxable period, for each individual tax, is less than \$200. However, quarterly payments are required to be made whenever your **annual** estimated tax for the subsequent taxable period exceeds \$200 for either tax. (See paragraph 6 for exceptions).

2 Where to Mail Payments

Mail estimated tax payments to:

NH Dept of Revenue Administration
Document Processing Division
PO Box 637
Concord NH 03302-0637

3 When to Make Payments

CALENDAR YEAR FILERS:

1st quarterly payment due April 17, 2001
2nd quarterly payment due June 15, 2001
3rd quarterly payment due September 17, 2001
4th quarterly payment due December 17, 2001

FISCAL YEAR FILERS:

A quarterly payment is due on the 15th day of the 4th, 6th, 9th, and 12th month following the close of your fiscal year.

FISCAL YEAR FILERS MUST ENTER THE TAX YEAR ON EACH ESTIMATE VOUCHER.

4 Payment of Estimated Tax

Estimated tax may be paid in full with the initial declaration or in equal installments on the due dates.

CHECKS ARE TO BE MADE PAYABLE TO:

STATE OF NEW HAMPSHIRE.

5 Underpayment Penalty

A penalty may be imposed by law (RSA 21-J:32) for an underpayment of estimated taxes if the payments are less than 90% of that period's tax liability. If estimate payments are not made on time, even if 90% of the tax is eventually paid, an underpayment penalty may be applied. If an estimated payment is missed, send the payment as soon as possible to reduce any penalty.

This penalty will not be imposed if any of the statutory exceptions apply.

6 Exceptions to the Underpayment Penalty

The penalty shall not apply if you meet one of the exceptions provided in the law (RSA 21-J:32). Please use Form DP 2210/2220 to see if you meet one of the exceptions or to compute the amount of the penalty. To obtain this form, please call the forms line at (603) 271-2192.

7 Specific Questions

SPECIFIC QUESTIONS not covered herein should be referred to:

Taxpayer Assistance Office,
PO Box 637, Concord, N.H. 03302-0637.
Telephone (603) 271-2186.

Hearing or speech impaired individuals may call TDD Access: Relay NH 1-800-735-2964.

**ESTIMATED PROPRIETORSHIP BUSINESS TAX
QUARTERLY PAYMENT FORMS**

2001 Estimated Tax Worksheet (Keep for your records – Do not file)

1	ESTIMATED TAX BASE AND/OR GROSS BUSINESS PROFITS	BET(a)	BPT(b)
a	BET Taxable Base after Apportionment.....		
b	NH Taxable Business Profits after Apportionment.....		
2	TAX		
a	Line 1(a) x .005.....		
b	Line 1(b) x .08.....		
3	CREDITS		
a	RSA 162-L, CDFA Credit.....		
b	RSA 77-A:5 (Please be sure to include the BET Credit).....		
4	Estimated tax for current year [line 2 less line 3(a) and/or 3(b)].....		
5	Overpayment from last year.....		
6	Balance of Business Taxes Due (line 4 less line 5).....		

COMPUTATION and RECORD of PAYMENTS

Date Paid	BET	Amount of each Installment (1/4 of line 6 of worksheet)	BPT	Total Due (BET and/or BPT)	CALENDAR YEAR DUE DATES
1.....	\$.....	\$.....	\$.....	\$.....	April 17, 2001
2.....	\$.....	\$.....	\$.....	\$.....	June 15, 2001
3.....	\$.....	\$.....	\$.....	\$.....	Sept. 17, 2001
4.....	\$.....	\$.....	\$.....	\$.....	Dec. 17, 2001

FORM INSTRUCTIONS

- Line 1 Enter ¼ of the Business Enterprise Tax Calculated on line 6 in the tax worksheet above.
 Line 2 Enter ¼ of the Business Profits Tax Calculated in the tax worksheet above.
 Line 3 Enter the TOTAL payment sum of lines 1 and 2.

IMPORTANT:

THE PENALTY PROVISIONS OF RSA 21-J:32 WILL APPLY IF THE ESTIMATE REQUIREMENTS HAVE NOT BEEN MET.

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732

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED PROPRIETORSHIP BUSINESS TAX - 2001

FOR DRA USE ONLY

For the CALENDAR year **2001** or other tax year beginning _____ and ending _____
 Mo Day Year Mo Day Year

PLEASE PRINT OR TYPE

FOR DRA USE ONLY

LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER (Proprietor)
SPOUSE'S LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER (Spouse)
NUMBER AND STREET ADDRESS		¼ Business Enterprise Tax 1 \$ ¼ Business Profits Tax 2 \$ Amount of This Payment 3 \$
ADDRESS (continued)		
CITY/TOWN, STATE & ZIP CODE		
MAIL TO: NH DEPT OF REVENUE ADMINISTRATION DOCUMENT PROCESSING DIVISION PO BOX 637 CONCORD NH 03302-0637		Make checks payable to: STATE OF NEW HAMPSHIRE Enclose, but do not staple or tape, your payment with this estimate. Do not file a \$0 estimate.

FORM

NH-1040-ES

732

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED PROPRIETORSHIP BUSINESS TAX - 2001

FOR DRA USE ONLY

For the CALENDAR year **2001** or other tax year beginning _____ and ending _____
Mo Day Year Mo Day Year

PLEASE PRINT OR TYPE

FOR DRA USE ONLY

LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER (Proprietor)	
SPOUSE'S LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER (Spouse)	
NUMBER AND STREET ADDRESS		¼ Business Enterprise Tax 1 \$ <input type="text"/> ¼ Business Profits Tax 2 \$ <input type="text"/> Amount of This Payment 3 \$ <input type="text"/>	
ADDRESS (continued)			
CITY/TOWN, STATE & ZIP CODE			
MAIL TO: NH DEPT OF REVENUE ADMINISTRATION DOCUMENT PROCESSING DIVISION PO BOX 637 CONCORD NH 03302-0637		Make checks payable to: STATE OF NEW HAMPSHIRE Enclose, but do not staple or tape, your payment with this estimate. Do not file a \$0 estimate.	

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NH-1040-ES
Rev. 12/00

FORM

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ESTIMATED PROPRIETORSHIP BUSINESS TAX - 2001

FOR DRA USE ONLY

For the CALENDAR year **2001** or other tax year beginning _____ and ending _____
Mo Day Year Mo Day Year

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FOR DRA USE ONLY

LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER (Proprietor)	
SPOUSE'S LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER (Spouse)	
NUMBER AND STREET ADDRESS		¼ Business Enterprise Tax 1 \$ <input type="text"/> ¼ Business Profits Tax 2 \$ <input type="text"/> Amount of This Payment 3 \$ <input type="text"/>	
ADDRESS (continued)			
CITY/TOWN, STATE & ZIP CODE			
MAIL TO: NH DEPT OF REVENUE ADMINISTRATION DOCUMENT PROCESSING DIVISION PO BOX 637 CONCORD NH 03302-0637		Make checks payable to: STATE OF NEW HAMPSHIRE Enclose, but do not staple or tape, your payment with this estimate. Do not file a \$0 estimate.	

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ESTIMATED PROPRIETORSHIP BUSINESS TAX - 2001

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For the CALENDAR year **2001** or other tax year beginning _____ and ending _____
Mo Day Year Mo Day Year

PLEASE PRINT OR TYPE

FOR DRA USE ONLY

LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER (Proprietor)	
SPOUSE'S LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER (Spouse)	
NUMBER AND STREET ADDRESS		¼ Business Enterprise Tax 1 \$ <input type="text"/> ¼ Business Profits Tax 2 \$ <input type="text"/> Amount of This Payment 3 \$ <input type="text"/>	
ADDRESS (continued)			
CITY/TOWN, STATE & ZIP CODE			
MAIL TO: NH DEPT OF REVENUE ADMINISTRATION DOCUMENT PROCESSING DIVISION PO BOX 637 CONCORD NH 03302-0637		Make checks payable to: STATE OF NEW HAMPSHIRE Enclose, but do not staple or tape, your payment with this estimate. Do not file a \$0 estimate.	

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